USAID
FROM THE AMERICAN PEOPLE

Suaahara WASH Framework and Plan

Submitted to:

Hari Koirala

Agreement Officer's Representative

USAID Nepal

Submitted:

February 2013

AID-367-A-11-00004

SUAAHARA

Building Strong & Smart Families

Save the Children · Helen Keller International · Jhpiego · Johns Hopkins Bloomberg School of Public Health · Center for Communication Programs

Suaahara WASH Framework and Plan

Overview

Nearly 900 million people across the globe do not have access to safe drinking water. Additionally, 2.6 billion people lack access to basic sanitation (WHO/UNICEF, JMP 2010). Living without these basic services has a negative impact on health, educational opportunities and dignity. The Declaration from the fourth South Asian Conference on Sanitation (SACOSAN-IV 2011) acknowledges inadequate sanitation and poor hygiene in South Asia. It also highlights the unacceptably high number of people who defecate openly or who rely on unimproved sanitation. Since SACOSAN-III (2008), in South Asia there have been 750,000 child deaths due to diarrhea, a problem which is strongly linked to poor sanitation.

This water and sanitation crisis has been a big problem for the poor, excluded, voiceless and for women, children, the elderly and the disabled. Although there has been a lot of improvement since SACOSAN-I (2003), the sanitation crisis still exists and many of the most pressing problems have not been addressed.

Despite these challenges, there has been a greater focus globally on hygiene and sanitation. The International Year of Sanitation (2008) has drawn global attention to sanitation. The Water Supply and Sanitation Collaborative Council (WSSCC) has emphasized sanitation as a funding priority for the Global Sanitation Fund (GSF), of which Nepal is a recipient country. There is also greater interest worldwide in Multiple Use Water Services (MUS). The 2010 UN declaration recognizes WASH as a fundamental human right, and the 64th UN general assembly developed the slogan "Sanitation and Water for All" as the main theme of the Global Framework for Action. Another positive sign is the commitment from development professionals to integrate hygiene and sanitation into health and education programs.

Building on the UN's recent resolution, the Colombo Declaration of SACOSAN-IV (2011) sets a clear road map to increase investment in the people of South Asia through policies and plans with deadlines. Because ministries have committed to SACOSAN, governments are responsible and accountable to coordinate and turn plans into action. Donors, supporting agencies, NGOs and civil society are expected to help governments meet these targets.

Why WASH is important in improving nutrition

How important is WASH to improving nutritional status? There is a lot of evidence that hygiene and sanitation can reduce morbidity (sickness). A Cochrane Review suggests that hand washing contributes to a 32% reduction in episodes of diarrhea among children (Fewtrell et al., 2005). In Pakistan, hand washing with soap reduced incidence of diarrhea by 53% and pneumonia by 50% (Luby et al., 2005).

There is growing evidence of the positive impact of WASH on stunting. For example, Fewtrell and colleagues (2005) reviewed 42 nutrition interventions globally and showed that diet alone reduced stunting only modestly (0-0.64 z-scores). Even the best nutrition programs focusing only on diet reduced

stunting by 0.70 z-score. An analysis of Demographic and Health Survey data from 8 countries and 17,000 children demonstrated that 16% of low height-for-age z-scores could be explained by diarrhea. 40% could be explained by level of sanitation and the quality of water children had access to (Esrey, 1996).

Recent research from programs suggests sanitation can not only reduce infection and diarrhea but can also reduce anemia and improve cognition. For example, in Mexico, providing cement floors to keep infants and young children out of the dirt reduced the presence of parasites by 19.6%, diarrhea by 12.8% (relative to the control group) and anemia in children by 20.0%. Relative to controls, children living in households with cement floors had a score on the MacArthur test that was 30.2% higher. While the impact on cement floors on stunting was unclear, a reduction in parasites and lower prevalence of diarrhea and anemia likely had an indirect effect on stunting.

Recent research by Spears suggests an even greater impact of sanitation on stunting. For example, using 140 nationally representative Demographic and Health Surveys, Spears (2012) showed that 54% of the cross-country variation in the height of children less than 3 years of age can be explained by sanitation coverage alone. Spears' 2012 evaluation of India's Total Sanitation Campaign (TSC) demonstrated that at the mean program intensity, infant mortality went down by 4/1000. Spears estimated that TSC has eliminated one-fifth of infant deaths through reductions in fecal pathogens. He also notes that children's height increased by 0.2 standard deviations which is similar to the impact of doubling household consumption per capita.

In short, WASH and infrastructure directly impact environmental enteropathy which, in turn, is highly correlated with stunting. All of this research provides a compelling argument for intervention that focus on nutrition and improved sanitation and hygiene.

WASH in Nepal

In Nepal, hygiene and sanitation programs are new. They began in the late 1990s. At first, sanitation programs and water supply projects were combined. However, in the last ten years, lots of different organizations have launched programs focused only on sanitation each with their own strategy.

In Nepal, 5.6 million Nepalis do not have an access to safe drinking water (DWSS 2010 and CBS 2009). It is encouraging that water supply coverage has risen from 46% in 1990 to 80% at present, but only 53% of available systems are thought to function properly (MPPW, 2010). To meet the Millennium Development Goal of halving the proportion of people without access to water, 73% of the population needs to be served. In addition, the national target of universal coverage by 2017 cannot be met unless existing water systems that don't work are fixed. Water pollution and contamination are also big problems.

In 1990, only 6% of the population had access to good sanitation. Now 43% do. But things are not as good as they seem. The Joint Monitoring Progress Report (2010) shows that only 27% of Nepalese have access to improved and hygienic latrines.

One reasons Nepal hasn't made as much progress in sanitation as it could is because policy makers have focused largely on water supply. It wasn't until 2008—the International Year of Sanitation--that the state had a separate budget for sanitation. The annual budget for sanitation has increased from 410 million rupees in 2009/10 to 1170 million rupees in 2010/11 (DWSS, 2011). However, many people think

that 1 billion rupees are needed each year to achieve universal access to sanitation in Nepal (WAN CS 2010-2015).

With respect to hygiene, we know that hand washing with soap reduces the prevalence of diarrhea by 45%. But a study by the Ministry of Health and Population suggests that only 37% of the people in Nepal wash their hands with water and only 12 percent with both water and soap. Hygiene promotion has often been overshadowed by programs that focus on technology, especially, water and sanitation interventions. Attempts to work across sectors—namely, health and education—have been weak. Most efforts have no definitive targets.

Given these challenges, it is not clear that Nepal will meet national goals for water and sanitation.

Lessons Learned

- Many WASH programs focus on sharing messages, not changing practices.
- Program implementers often do not understand what motivates individuals to wash hands, use latrines, etc. and frequently try to convince individuals of the importance of the germ theory of disease rather than focusing on the actual barriers communities face when practicing optimal WASH behaviors. These might include among others: lack of soap and water, lack of support from other family members, lack of time, no perceived need to wash hands, etc.
- The hygiene activities governments and NGOs promote are often complicated (e.g., "wash hands at all critical times") and not easy for communities to adopt.
- There have been many challenges to working effectively in WASH. These include duplication of resources, use of approaches that are not uniform, lack of accountability, limited capacity to deliver services, coordination among sectors, lack of knowledge about WASH and communities' limited ability to assert their rights.
- Donors' priorities shift a lot. As a result, it has been difficult to raise funds for WASH
- It is difficult to promote WASH in isolated areas and among marginalized groups with whom Suaahara works. Long-term strategies are needed to build the capacity local institutions and individuals.
- The program WASH in Child Rights has been effective in 1) increasing children's participation in WASH activities 2) claiming rights 3) initiating discussions on rights, and 4) maintaining project transparency and accountability.
- Community-based user groups and committees have not been able to effectively advocate with the government for WASH services.
- Simply raising awareness is not enough to impact health. What is needed is social mobilization, along with behavior change. Nepal has a long commitment to total sanitation approaches through Open Defecation Free communities, VDC and district Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS).

Goals

- Improve household hygiene practices—and in particular, handwashing at all critical times
- Improve household and community sanitation practices including safe disposal of child's fecal matter and use of improved sanitation facilities (and elimination of open defecation)
- Achieve ODF status in 68 VDCs and coordinate with the government and NGOs so that the number of VDCs that are declared ODF is maximized

- Reduce the prevalence of diseases related to poor hygiene and sanitation—especially diarrhea and acute respiratory infections—thereby improving the nutritional status of women and children

Strategies

Suaahara will help communities mobilize around nutrition-direct and nutrition-sensitive activities. As noted in Suaahara's SBCC strategy, we will use a 7 step process of community mobilization to tackle poor sanitation and hygiene as well as undernutrition. These include the following:

1. Select a health issue and define the community

These include the 6 impact indicators (among children, reduced stunting, wasting, underweight and anemia; among women, reduced underweight and anemia).

2. Put together a community mobilization team

Suaahara's community mobilization teams include 1) community members 2) peer educators and outreach workers, and 3) field supervisors as well as D-WASH and V-WASH committees. It should be noted that teams include individuals directly involved in WASH activities as well as others (e.g., existing groups such as those focused on Infant and Young Child Feeding (IYCF), those dedicated to Early Childhood Development, water users' groups, peer educators and outreach workers (FCHVs, social mobilizers and so on), and field supervisors supported by government officials at the district level, Suaahara district and cluster coordination staff and staff in Kathmandu who provide technical assistance.

3. Gather information about the health issue and the community

Suaahara has already gathered extensive information about the issues that affect nutrition, including WASH. A major source of information is Suaahara's baseline. Findings from the baseline will be used and disseminated in the near future. We will also rely on DAG mapping, field visits and discussions with local authorities as well as numerous field visits. Suaahara will use a methodology known as TIPS (Trials of Improved Practices) to contextualize approaches to changing hygiene behaviors.

4. Develop a community mobilization plan

Suaahara will work with communities to define goals and objectives that will be context- specific. Suaahara's community mobilization strategy provides overall guidance to communities about behavior change strategies but the specifics about how those strategies will be implemented will be decided upon jointly by community members—especially disadvantaged groups—and field supervisors. This will be achieved through *microplanning*.

5. Develop teams

Teams include mobilizers and catalysts (group leaders, natural leaders who emerge from the Community Led Total Sanitation process and others), organizers (government staff, LNGO staff, outreach workers), advocates (local NGOs, DAGs) and service providers (clinicians, pharmacists, traditional healers).

More broadly, teams include such champions as national government structures (NPC) as well as health and non-health sectors (agriculture, education, WASH, health services promotion).

6. Set priorities

The major priorities include the six impact indicators noted above. As Howard-Grabman and Snetro (2003) note, community mobilization is not just something done *to* the community but something done *by* the community.

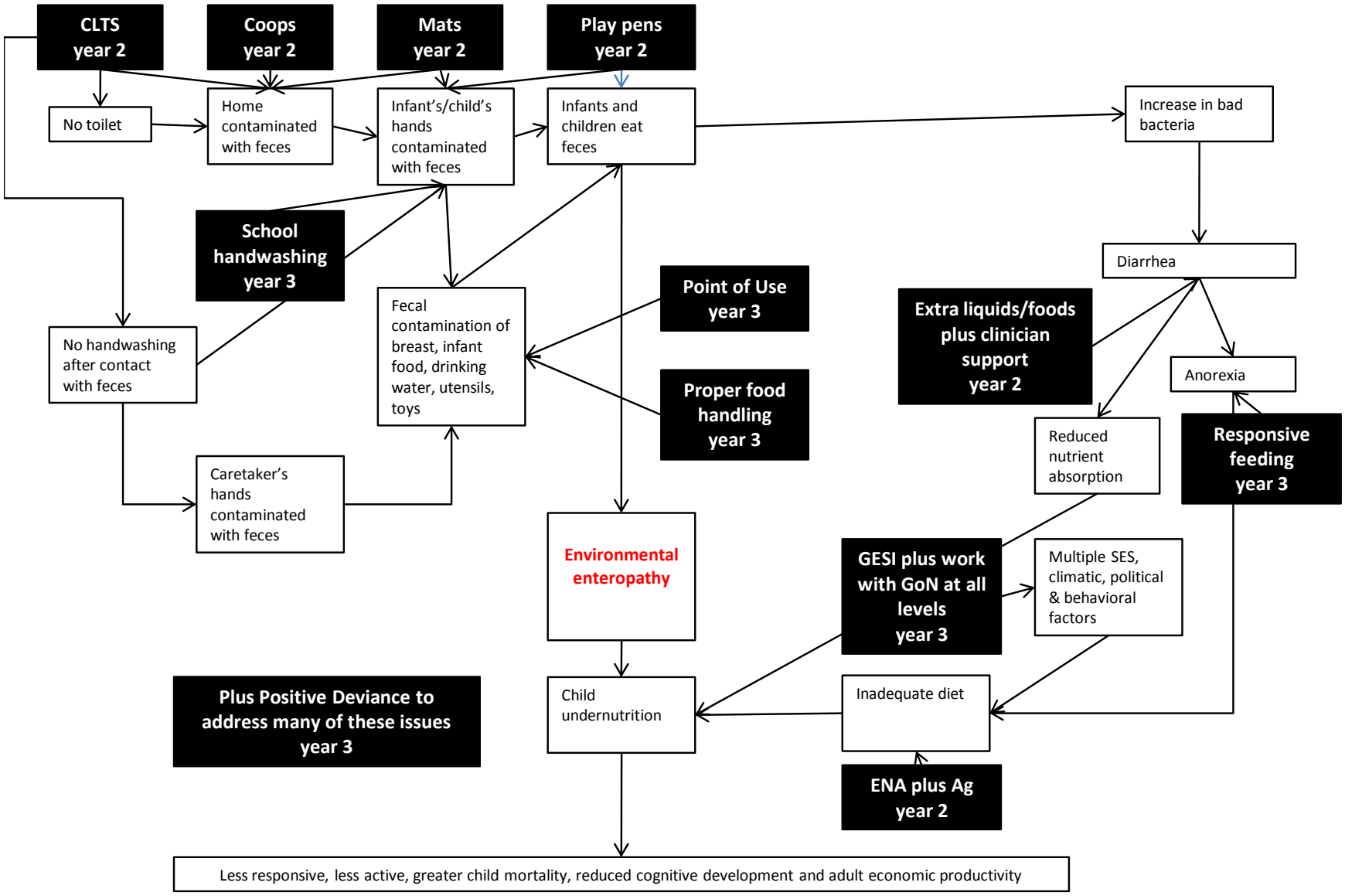
Suaahara will work at a variety of levels at the same time, including (1) households (2) wards (3) VDCs (4) districts, and (5) Nepal as a whole. Suaahara's overall WASH strategy appears below. A detailed description of the various packages of interventions (basic, enhanced and intensive) can be found at this end of this document.

Overall WASH Strategy:

Objectives	Issues	Strategies
Create physical barriers between children and animals, especially animal feces.	• Lots of messy animals live near people • Many children spend a lot of time in the dirt and eat unhealthy things • Eating feces makes children sick • If children are sick, they won't be healthy no matter how good their diet • When the child goes outside to play, she will get dirt and feces in her mouth and stomach	YEAR 2 1. Pilot a program to help people make and use mats. 2. Use media to encourage use of mats. 3. Have mat-making competitions. 4. Use certificates and public events to recognize mat making. 5. Use incentives. 6. Use action cards to help address barriers families have in using mats. YEAR 3 and later 1. Help families make coops for animals.
Mobilize communities to wash hands before feeding children	• People don't realize bad sanitation and poor hygiene lead to sickness • Some beliefs keep people from practicing good hygiene • Soap is considered too expensive • People forget to use soap or it's not a priority for them • Soap isn't available where people work • Government and NGO staff frequently focus on convincing community members of the importance of the germ theory of disease. • Government and NGO staff frequently fail to understand the variety of factors that facilitate or act as barriers to behavior change. BCC strategies are not appropriately tailored to local contexts. • There is too much emphasis on sharing messages. • The practices we expect families to	YEAR 2 1. Use Participatory Learning and Action (PLA) mapping to help people take action. 2. Train and support motivators. 3. Encourage doctors and nurses to wash hands in front of patients. 4. Use cartoon characters to promote hand washing. 5. Promote hand washing in schools. YEAR 3 and beyond 1. Pilot Glo-germ or a similar product to demonstrate the importance of washing hands thoroughly 2. Conduct positive deviance/hearth about sickness. 3. Use radio to help encourage people to wash hands and use latrines (households in radio serials will have toilets and their use will be

	adopt are complicated and difficult for families to try.	emphasized in radio programs to strengthen social norms. 4. Use parent-to-parent, child-to-child and child-to-parent approaches to encourage good hygiene. 5. Use rainwater harvesting. 6. Use certificates to recognize frequent hand washing and other healthy behaviors. 7. Create informal ward level WASH committees.
Improve sanitation, especially construction and use of latrines	• No good toilet nearby • A lot of people defecate in the open • People don't have clean water or it might be considered too cold • People don't have money to build toilets	1. Use CLTS to achieve ODF 2. Organize school hand washing campaigns

The schematic below demonstrates how each of WASH Suaahara's strategies reduce environmental enteropathy and improve stunting. Given Suaahara's integrated approach to improving nutrition, the graphic also demonstrates how work in agriculture, health services promotion and nutrition have a positive effect on nutritional status.


CLTS year 2
Coops year 2
Mats year 2
Play pens year 2
No toilet
Home contaminated with feces
Infant's/child's hands contaminated with feces
Infants and children eat feces
Increase in bad bacteria
School handwashing year 3
Diarrhea
Point of Use year 3
Extra liquids/foods plus clinician support year 2
Fecal contamination of breast, infant food, drinking water, utensils, toys
No handwashing after contact with feces
Anorexia
Proper food handling year 3
Reduced nutrient absorption
Responsive feeding year 3
Caretaker's hands contaminated with feces
Environmental enteropathy
GESI plus work with GoN at all levels year 3
Multiple SES, climatic, political & behavioral factors
Plus Positive Deviance to address many of these issues year 3
Child undernutrition
Inadequate diet
ENA plus Ag year 2
Less responsive, less active, greater child mortality, reduced cognitive development and adult economic productivity

Over the course of five years, SUAAHARA will work in households, wards, community, VDCs, districts and nationally as follows:

Households

- Use Trials of Improved Practices (TIPs) to test practices individuals can try such as mat making and handwashing.
- Pilot mat making.
- Promote mats through action cards.
- Create incentives for mat-making.
- Through integrated activities in agriculture and WASH, help families make animal coops.
- Use rainwater harvesting.
- Use parent-to-parent, child-to-child and child-to-parent approaches to encourage WASH. For example, children who attend school sometimes have access to latrines and running ward. They learn and practice optimal hygiene while at school. Given children's positive experiences, they can "spread the word" about WASH and encourage family members to practice the behaviors they've learned in school.
- Use action cards to help families move past barriers and begin practicing optimal WASH practices.
- Plus activities for point of use water treatment and proper food handling in year 3 and beyond. Exact activities to be determined.

Wards

- Make mat making a part of CLTS, positive deviance, IYCF groups, media and life event celebrations and handwashing day.
- Use PLA for hygiene and sanitation to help people take action.
- Train and support motivators and peer educators (the same peer educators Suaahara will rely on for its other activities).
- Promote hand washing in schools.
- Conduct positive deviance/hearth about sickness.
- Create ward WASH committees
- Use CLTS and work with district and VDC WASH committees to achieve ODF.

VDCs

- Help communities lobby for VDC block grants.
- Establish Village WASH committees to monitor ODF.
- Train doctors and nurses to wash hands and talk about how to do so in front of patients.

Districts

- Collaborate with the District WASH committees to select VDCs for ODF.
- Use serial radio dramas, call-in shows and other media to promote hand washing.
- Use songs to promote good sanitation and hygiene.

Nation

- Coordinate with line ministries, department- and government offices.
- Develop the WASH/BCC training package.

Suaahara will work in close coordination with the government at all levels.

Suaahara will work at the ward, VDC, district and national level to promote nutrition-direct and nutrition-sensitive activities, including WASH. In addition to establishing and strengthening village and district WASH committees and coordinating with line ministries, *Suaahara* will ensure that its work is consistent with the National Hygiene and Sanitation Master Plan as well as the Multi-sectoral Nutrition Plan. As noted above, *Suaahara* will assist VDCs to mobilize funds allocated for sanitation to ensure sustainability of program activities. *Suaahara* will also promote WASH through several radio dramas to be aired in all 20 of Suaahara's districts.

Specifics

In year 2, Suaahara will focus on 5 practices that have been shown to reduce malnutrition:

1. Train healthcare providers, pharmacists, families and other individuals to help mothers give an extra meal to pregnant women and two extra meals to those who breastfeed
2. Encourage families to add three things to the baby's diet: 1) animal source food such as eggs and meat 2) greens, and 3) orange-fleshed foods
3. Work with caregivers so that they wash their hands before feeding the baby, and
4. When baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for 2 weeks.
5. Encourage families use floor mats and chicken coops to create physical barriers between children and animals, particularly animal feces.

The importance of separating children from dirt and feces has emerged recently as critical to reducing environmental enteropathy and chronic sickness and may in fact be as important as diet in reducing stunting.

The WASH strategy and activities contribute directly to practices 3 and 5 above but also help prevent sickness (practice 4).

WASH Strategies 1 and 2 (below) will be implemented in year 2. Strategies 3 and 4 will take place starting in year 3.

1. **Use floor mats and chicken coops to create physical barriers between children and animals, particularly animal feces.**

HOUSEHOLD-LEVEL SERVICE DELIVERY:

In most of Suaahara's districts, at least some families use mats—though they might only use them for special occasions. We anticipate other barriers to using mats every day. These include families' concern that children will urinate and defecate on mats and that mats might cover only some floor space which means that children may still spend a lot of time crawling in the dirt both inside and outside the house.

We will do lots of things to address these barriers. First, at the VDC level, we will identify barriers to making and using mats. This information will help us understand barriers that community members generally face when keeping children out of the dirt and away from animals. At the household level, we will then conduct Trials of Improved Practices (TIPs) to identify which behaviors related to mat-making and use individual families are willing to try. To address barriers, we will promote mat-making and use through action cards. Action cards are designed to help families overcome challenges to practicing optimal behaviors.

Mat-making will be an important part of Suaahara's interpersonal communication work. In particular, during home visits and informal contacts, FCHVs, social mobilizers and others will address challenges families have in making mats and address those challenges through action cards and GALIDRAA.

WARD-LEVEL SERVICE DELIVERY:

Mat-making will something we emphasize in support groups for mothers, husbands and grandmothers. In particular, we will use action cards to identify barriers to making and using mats. Action cards can be particularly effective in changing group behaviors because of the discussion that cards generate as well as group commitment to adopt new behaviors. Groups also provide an opportunity to follow up with individual members to find out how things have gone with mat making and use. In many instances, mat-making can take place during group meetings, including IYCF meetings and peer education.

To mobilize communities, we will incorporate mat-making into our on-going CLTS work. We will also use PD/Hearth (starting in year 3) to identify things positive deviant families do to keep their children healthy. This is an opportunity to not only identify mat-making as important but to promote it through hearth sessions.

Recognition is an important motivator for behavior change. Suaahara will consider giving certificates that recognize families who take action to "give their children a head start in life." Certificates can recognize all the steps families take (including mat construction and use, coop construction and use, absence of diarrhea and so on) to keep their children healthy and smart. Provision of buckets and soap is another incentive Suaahara will use.

Coop building will be an integral part of Suaahara's Homestead Food Production and Village Model Farmer work. Coops are already promoted as a way of keeping chickens healthy and productive so it will be easy to add messages about the hygiene benefits of coops. Sometimes, people are ashamed of having their chickens roam freely, destroying neighbors' gardens. Shame could be used constructively to encourage the use of coops.

DISTRICT-LEVEL SERVICE DELIVERY:

At the district level, we will include the making and use of mats in radio programs, emphasizing that "progressive" families employ mats.

We will first pilot mat making in the mountains, hills and Terai. In each of these places, families use different materials for making mats including felt, straw and bamboo.

2. Implement Community Led Total Sanitation (CLTS) and Open Defecation Free (ODF) Zones to mobilize communities to wash hands before feeding children.

HOUSEHOLD-LEVEL SERVICE DELIVERY:

The majority of WASH activities will take place at the ward level. However, using action cards, outreach workers (including FCHVs) help families identify and address barriers to handwashing, especially before feeding the baby.

WARD- AND CLINIC-LEVEL SERVICE DELIVERY:

CLTS and ODF are community-mobilization strategies that have been used extensively in Nepal. The CLTS and ODF approaches include mobilizing communities to act to improve hygiene and sanitation, commitment to building latrines (self-funded or through block grants), commitment to achieving ODF and monitoring of ODF compliance once certification is complete. One of Suaahara's partners (NEWAH) has successfully used CLTS/ODF to help communities achieve Open Defecation Free status.

Suaahara will implement and enhance CLTS/ODF and will reinforce adoption of handwashing through 1) mapping using Participatory Learning and Action (PLA) approaches (to identify where in each community hygiene and sanitation are the biggest problems and to help communities jointly develop solutions to those problems) 2) media, and 3) reinforcement from health workers and clinicians who will model handwashing in front of patients. Lots of committees and community members will use PLA mapping to identify latrines and water sources. These include V-WASH committees, children at schools and in children's clubs, mothers' groups and health motivators. Media and related activities will include cartoon characters that can be featured in clinics and on cards, stickers ("I washed my hands today"); events and celebrations such as rice feeding ceremonies; and community competitions.

Village WASH committees can monitor ODF. *Suaahara* will strengthen such committees through training. *Suaahara* will also encourage committee members to become "early adopters" of handwashing in the community, thus serving as models for the rest of the community. We will encourage marginalized groups—including Dalits, Janajatis and Muslims—to participate actively in WASH committees.
Among privileged castes (Brahmins, Chettris, etc.), *Suaahara* will raise awareness about the importance of using latrines. Among the disadvantaged (Dalits, Janajatis and Muslims), *Suaahara* will help lobby VDCs for resources to build latrines. Raising awareness among privileged castes and helping disadvantaged groups secure resources to build latrines are interventions that are appropriately targeted to each group.

In addition to targeting Dalits, Janajatis and Muslims, *Suaahara* will also target widow-headed households, HIV-affected families, families with disabled persons and those elderly who have no support from offspring. Based on experience with previous and current WASH projects, USAID estimates that 5% of households is about the percent of applicants who fall in these categories who will apply for partial subsidies.

Social mobilization and behavior change strategies for year 3 include parent-to-parent, child-to-child, and child-to-parent promotion of handwashing through work at schools, clubs and in homes. When schools have improved latrines, children want to share information about the importance of latrines with family members and friends. Children can also be important enforcers of hygiene and will serve as monitors of sanitation and hygiene in the community.

In year 3, Suaahara will promote soap at community taps and will initiate rainwater harvesting. Additionally, positive deviance inquiries will highlight actions healthy families take to avoid sickness. In schools, fluorescent hand gels (glo-germ) can be used to show individuals what parts of the hand have been washed adequately (and what parts haven't).

NEWAH has often used the REFLECT methodology. REFLECT is a participatory process that includes 1) identifying 1) existing community strengths 2) challenges related to WASH that need to be addressed 3)

opportunities 4) priorities for action 5) ways to overcome gaps, and 6) resources (financial, human, technical) to help solve challenges. Action planning is an integral part of the REFLECT methodology.

Suaahara will use radio spots that reinforce the need to wash hands at all critical points, and keep latrines and the community clean. Using radio, we will provide ideas for how men and privileged castes and ethnic groups can contribute to these goals.

Challenges to service delivery and Suaahara's solutions

There are numerous challenges to implementing CLTS and ODF. These include 1) the overuse of shame to motivate communities for behavior change 2) failure to account for gender equity and social inclusion, and 3) weak structures at the community level to implement then monitor CLTS/ODF.

The early stages of CLTS implementation include intense and poignant communal recognition that current defecation practices are unhealthy and shameful. This recognition by the community is meant to be transformational, opening the way to communal commitment to change, bringing personal dignity and communal pride and celebration. However, in other projects NEWAH has implemented, some women have been reluctant to join CLTS campaigns because they are ashamed about not using toilets.

To address the challenge of shame, Suaahara will 1) use an aspirational approach to encouraging communities to build and use latrines properly 2) ensure that any shaming that occurs as part of CLTS is properly balanced with dignity and does not discourage individuals from participating in programs, and 3) incorporate previous NEWAH CLTS/ODF success stories in SBCC material in order to highlight positive deviants. EHA cluster and district coordinators and field supervisors will be informed about the appropriate balance of shame and dignity and will be given monitoring guidelines and indicators to ensure that shame is used only as a spark to behavior change and not to discourage people from participating in CLTS.

When implementing CLTS and ODF, numerous GESI issues need to be taken into consideration. For example, men are rarely involved in the maintenance of latrines, leaving women to do the "dirty work." Additionally, while Brahmins are seen as enforcers of cleanliness, dalits are the ones who are delegated the task—often menial—of keeping communities clean. In addition, some groups such as Brahmins and Chettris can afford latrines while others such as Janajatis and dalits cannot.

Most privileged castes can afford latrines but often Dalits, Janajatis and Muslims cannot. Sometimes, men think cleaning latrines is a woman's job. Brahmins and Chettris may feel Dalits and Janajatis should be responsible for keeping the community clean thus, reinforcing existing norms about social exclusion. Additionally, committees responsible for monitoring ODF compliance do not fully represent the poor, women and other marginalized groups.

To address GESI challenges, Suaahara will take into account the needs of different families. Construction and use of latrines is important to achieving healthy environments. If families have sufficient funds, CLTS will be used to encourage them to build latrines. For families that are too poor to afford latrines, Suaahara will help individuals advocate for VDC block grants. Additionally, *Suaahara* will identify positive deviants: couples where the husband takes a role in cleaning the latrine and communities where privileged castes/ethnic groups help keep the environment clean. Local NGO staff and frontline workers will help the community discover how some people share responsibility. Communities can then apply what they've learned to their own situation.

Suaahara will also determine the percentage of women and disadvantaged groups who are actively involved in ODF VDC activities. Additionally, Suaahara staff and local partners will identify the roles these groups play in monitoring to make sure they are empowered to speak up.
To address the issue of weak community structures, Suaahara will strengthen Village WASH Coordination Committees (V-WASH CC) through training and on-going support. Suaahara will also encourage committee members to become "early adopters" of hand washing in the community, thus serving as models for the rest of the community. We will encourage marginalized groups—including dalits, janajatis and muslims—to participate actively in WASH committees.

DISTRICT AND NATIONAL-LEVEL SERVICE DELIVERY:

As with all of Suaahara's work, we will coordinate with line ministries as well as departmental and government offices to bring about improvements in hygiene and sanitation. One way we will do this is by jointly developing a WASH/Behavior Change Communications training package.

3. Use "Point of Use" approaches to improve the quality of water people drink and use for drinking and washing.

Point of Use (PoU) will be a major focus for Suaahara in year 3. PoU refers to purifying drinking water. While the details of PoU in year 3 will be worked out later, it is worth noting that Suaahara will orient V-WASH CC members so that they can support the community in disseminating PoU messages and practices.

Each year World Water Day is celebrated on March 22. Suaahara will support V-WASH CC members, child clubs, schools, health facilities and other public institutions as they celebrate the day. Suaahara will orient others on the various methods of water purification including boiling, filtration, chlorination and SODIS (Solar Water Disinfection). Participants will be provided samples of Piyush (chlorine liquid) so that they can treat water before drinking. This orientation will occur in each VDC where Suaahara implements Hygiene Sanitation Promotion. This process will be lead by field supervisors with support from the EHA supervisor and field coordinator.

4. Promote proper food handling through a variety of approaches that will be detailed in year 3.

Community Hygiene Sanitation Facilitators, FCHVs and field supervisors will orient, coach and mentor households and communities to encourage proper food handing at 5 critical points. In addition, positive deviance will be used to reinforce proper food handling.

REFERENCES

Cattaneo MD, Galiani S, Gertler PJ, Martinez S, Titiunik R (2009). Housing, health, and happiness. American Economic Journal: Economic Policy; 1:75-105.

Esrey SA (1996). Water, waste and well-being: a multicountry study. American Journal of Epidemiology; 143:608-623.

Fewtrell L, Kaufmann R, Kay D, Enanoria W, Haller L, Colford JJ (2005). Water, sanitation and hygiene interventions to reduce diarrhroea in less developed countries: a systematic review and meta-analysis. Lancet Infectious Diseases. 5(1): 42-52.

Luby SP, Agboatwalla M, Feikin DR, Painter J, Billhimer W, Arshad A, et al. (2005). Effect of handwashing on child health: a randomised controlled trial. Lancet. 366: 225-233.

Suaahara three levels of Intervention in hygiene promotion and sanitation improvement

	Basic package for hygiene and sanitation	Enhanced package for hygiene and sanitation promotion	Intense package for hygiene and sanitation **improvement**
Number of Villages	All villages in 20 districts	250 villages	68 VDCs
Content	Safe drinking water (PoU)	Safe drinking water (PoU)	Safe drinking water (PoU)
	Handwashing at critical times	Handwashing at critical times	Handwashing at critical times
	Storage and handling of food	Storage and handling of food	Storage and handling of food
	Safe disposal of child's feces (3rd year)	Safe disposal of child's feces	Safe disposal of child's feces
	Use of latrine (3rd year)	Use of latrine	Use of latrine
			Using CLTS triggering tools, facilitate community construction of latrines
District level intervention	1.5 hour session on topics listed above as part of 6 day training to all health and non-health workers at the district level, using the training manual produced by Suaahara.	1.5 hour session on topics listed above as part of 6 day training to all health and non-health workers at the district level, using the training manual produced by Suaahara.	1.5 hour session on topics listed above as part of 6 day training to all health and non-health workers at the district level, using the training manual produced by Suaahara.
		D-WASH CC coordination meeting. 1 day consultation meeting.	D-WASH CC coordination meeting. 1 day consultation meeting.
		WASH stakeholder mapping	WASH stakeholder mapping
		VDC selection	VDC selection
		Training/orientations on topics listed above using Suaahara's operational guidelines	Training/orientations on topics listed above using Suaahara's operational guidelines
			Joint monitoring visit
		-	Develop WASH strategy

Village level intervention	1.5 hour session on topics listed above as part of 5 day training to all health and non-health workers at the district level, using the training manual produced by Suaahara. Beginning in year 3, Suaahara will focus on additional WASH practices during two day review/reflection meeting for FCHVs and non-health workers.	1.5 hour session on topics listed above as part of 5 day training to all health and non-health workers at the district level, using the training manual produced by Suaahara. Beginning in year 3, Suaahara will focus on additional WASH practices during two day review/reflection meeting for FCHVs and non-health workers.	1.5 hour session on topics listed above as part of 5 day training to all health and non-health workers at the district level, using the training manual produced by Suaahara. Beginning in year 3, Suaahara will focus on additional WASH practices during two day review/reflection meeting for FCHVs and non-health workers.
		V-WASH CC formation/revitalization	V-WASH CC formation/revitalization
		Orientation to V-WASH CC on WASH-related issues	Orientation to V-WASH CC on WASH-related issues
		Day celebrations (handwashing day, world toilet day, world water day, sanitation week, environment day)	Day celebrations (handwashing day, world toilet day, world water day, sanitation week, environment day)
			Develop/revisit V-WASH strategy
			Management
			Training/orientations on CLTS for members of CBOs, forest users' grous, religious groups and others
			Exposure visits to VDCs/districts
			CLTS/triggering activities for facilitation of toilet construction and proper usage
			Management training for V-WASH CCs
			Facilitate declaration of open defecation free VDCs
			Establish a model sanitation package for demonstration and replication at each ODF VDC

Ward level intervention	Three hour session on handwashing at critical times during two day interaction programs with 1000 days mothers and decision makers using Suaahara's action cards. Starting in the 3rd year, Suaahara will conduct three day training to 1000 days mothers and decision makers focusing on the additional WASH messages (safe disposal of children's feces and latrine use).	Three hour session on handwashing at critical times during two day interaction programs with 1000 days mothers and decision makers using Suaahara's action cards. Starting in the 3rd year, Suaahara will conduct three day training to 1000 days mothers and decision makers focusing on the additional WASH messages (safe disposal of children's feces and latrine use).	Three hour session on handwashing at critical times during two day interaction programs with 1000 days mothers and decision makers using Suaahara's action cards. Starting in the 3rd year, Suaahara will conduct three day training to 1000 days mothers and decision makers focusing on the additional WASH messages (safe disposal of children's feces and latrine use).
		Mothers' group discussions and home visits to promote safe disposal of children's feces; use of latrine and proer storage and handling of food.	Mothers' group discussions and home visits to promote safe disposal of children's feces; use of latrine and proper storage and handling of food.
			CLTS implementation: triggering activities for facilitation of toilet construction and proper usage.
			Four day training on hygiene and sanitation for community hygiene and sanitation facilitators (CHSFs)
			Two days of trainings/orientations for child clubs and for communities.
			Hygiene and sanitation messages on display boards.
			Handwashing activities at schools, VDC buildings, health posts, etc.